

# NOL 0000002859

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

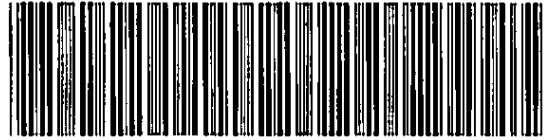
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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APR 06 2019  
C. MCKAY

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Sandalfoot Cove One Homeowners Association, Inc.  
Name of Corporation

DOCUMENT NUMBER: N06000002859

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sharon Kasen

Name of Contact Person

Benchmark Property Management, Inc.

Firm/Company

7932 Wiles Road

Address

Coral Springs, Florida 33067

City/State and Zip Code

sharon@benchmarkpm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon Kasen

Name of Contact Person

at ( 954 ) 344-5353

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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RECEIVED  
TALLAHASSEE, FL

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Sandalfort Cove One Homeowners Association, Inc.
2. The principal office address: c/o Benchmark Property Management, Inc 7932 Wiles Road, Coral Springs, Florida 33067
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 01/14/2006 Document number: N06000002859
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

James Calderazzo

10191 W Sample Road #203

Coral Springs, Florida 33065

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Backer Aboud Poliakoff & Foelster

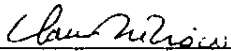
400 South Dixie Highway, Suite 420

P.O. Box NOT acceptable

Boca Raton, Florida 33432

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

DAVID M. NISCO

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*



Signature of Registered Agent

5/20/19

Date

If signing on behalf of an entity:

Michael S. Foelster, Partner

Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314